

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

I. Operator Texaco Producing Inc.  
Address P. O. Box 728, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
☒ New Well ☐ Recompletion ☐ Change in Ownership  
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate  
Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Myers Langlie Mattix Unit</u>	Well No. <u>256</u>	Pool Name, including Formation <u>Langlie Mattix Seven Rivers</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>---</u>
Location <u>&amp; Queen</u>				
Unit Letter <u>D</u> : <u>105</u> Feet From The <u>North</u> Line and <u>1310</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas NM Pipeline Co. (0055-2174)</u>	<u>P. O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>5</u> Twp. <u>24S</u> Rge. <u>37E</u>	Yes <u>03/24/86</u>

this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

OTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of knowledge and belief.

strict Admin. Supervisor  
(Signature)  
(Title)  
/07/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 15 1986, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY TAYLOR  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
02/23/86	03/23/86		3760'		---				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3318' GR	Seven Rivers Queen		3542'		3460'				
Perforations						Depth Casing Shoe			
3542, 81, 94, 3543, 50, 64, 78, 84, 88, 91, 3601, 06, 30, 35, 42, 59, 71, ---									
3706, 14, 21, 43									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		1055'		800			
7 7/8"		5 1/2"		3758'		725			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
03/12/86		03/21/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs	---	---	---	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
	66	390	24	

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED  
APR 14 1986  
C.C.D.  
HOBBS OFFICE